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Speed—a risky business

During the last three fiscal years, a total of 92 soldiers were killed and 17 suffered permanent disability injuries in privately owned vehicle (POV) accidents.

It's easy to speed, and drivers often try to justify it. "I'm running late." "I'm

driving the same speed as everyone else." "The speed I'm driving isn't that dangerous." "I'm a good driver. I'm in control."

These are poor excuses for a bad habit. Speeding is a major factor in approximately 30 percent of all fatal traffic accidents.



Privately owned vehicle (POV) accidents are taking too many of our soldiers' lives. The results show that we do a great job emphasizing POV safety before key national holidays. Let's go the extra mile to ensure that we emphasize safe driving all year 'round.

—BG Burt S. Tackaberry, CG, U.S. Army Safety Center

SLOW DOWN!

When you speed, you take unnecessary risks: the risk of having to repair or replace a wrecked vehicle; the risk of increased auto insurance rates; the risk of points against your driver's license; and the risk of being unable to stop quick enough to avoid hitting a pedestrian, bicyclist, or road debris—not to mention the risk of injuring or killing yourself, loved ones or others.

You should drive at speeds appropriate to road conditions and the posted speed limit. In bad weather (such as rain, fog, or snow) and under other hazardous road conditions (such as construction zones and accident sites), the safest speed may actually be less than the posted speed.

Speed limits are not set to give police a reason to write traffic tickets. They are the maximum safe speed for that section of road, based on the road surface, number of accidents, and traffic patterns.

The faster you drive, the less time you have to stop suddenly or swerve quickly. Your car's occupant-protection equipment is less effective in a high-speed collision, resulting in more damage to life and property.

There are certain times of the day and conditions that heighten a driver's risk for an accident, especially when speeding:

Night driving. Sixty percent of all speed-related fatal accidents occur between 6 p.m. and 6 a.m., even though fewer vehicles are on the road. Part of the reason is that speeding cuts the effectiveness of a vehicle's headlights. Low-beam headlights illuminate 160 feet of space in front of a moving vehicle. At some speeds, a driver may not have enough time and space to spot an object or hazard in the road, react to the situation, apply the brakes, and stop. The situation is even more risky in rain, fog or snow, or when a driver is drinking, taking drugs, or is tired.

Drowsiness. Driving drowsy is most likely to occur at times when people usually sleep—between midnight and 7 a.m.—and in mid-afternoon. Some drowsy drivers tend to have difficulty maintaining a constant speed and often drive faster so that they will get to their destination sooner. Driving drowsy is most likely to occur when driving alone or when taking long or monotonous trips.

Also, being alcohol-or drug-impaired increases a driver's risk of falling asleep at the wheel.

Wet Roads. Rain, snow or ice-covered roads can greatly diminish a car's traction, making it harder to switch lanes, turn or stop. Speeding compounds such dangers and makes even basic driving maneuvers risky. For instance, a car traveling at 40 mph in the rain needs almost twice as much distance to stop as it does on a dry road. Drivers should also be aware that roads are slickest when it first starts to rain because accumulated dirt and oil on the pavement combine with the water on the road's surface. A moving vehicle can easily hydroplane or "float" on this thin film of water instead of riding on the road itself, resulting in total loss of control.

Speeding drivers are also likely to be aggressive drivers, prone to running stop signs and red lights, weaving in and out of traffic, passing on the right, and making improper and unsafe lane changes. They also make hand and facial gestures, scream, honk, and flash their lights. Aggressive drivers have high levels of frustration and low levels of concern for fellow motorists. It is important not to challenge aggressive drivers, return gestures, or react in kind. If possible, get a license number and report any incidents to police.

Accidents are disproportionate on rural roads, which account for 40 percent for all vehicle miles traveled and more than 60 percent of all speed-related crashes. While these roads may not be heavily traveled (and many two-lane rural highways have a 55-mph speed limit), they usually aren't engineered to accommodate vehicles traveling at higher speeds.

Speeding costs society a bundle—billions of dollars every year. This includes costs for hospital care, property damage, and insurance premiums.

Speeding is not an affordable risk and is not worth the consequences. Slow down, and reduce your chances of having an accident, reduce the damage if an incident does happen, and avoid costly tickets and insurance rates.

—Adapted from the National Highway Traffic Safety Administration

Chief of Staff, Army, states concerns

The following is reprinted from a message to the field from General Dennis J. Reimer, Army Chief of Staff.

Fiscal year 1997 was relatively a safe and productive year for the Army, especially given the length of time our soldiers were deployed away from home stations throughout the world. However, I am concerned over the number of soldiers we have lost in **traffic accidents** and **suicides** during this fiscal year. During the period 15 December 1997 through 20 January 1998, 16 soldiers died in motor vehicle accidents while 7 others committed suicide.

A snapshot of our privately owned vehicle fatality statistics for the 1st quarter of fiscal year 1998 indicates that traffic accidents are up 47 percent from the same period last year. Reflecting that negative trend, we have also lost 9 soldiers in traffic accidents in the first 12 days of the 2nd quarter of this fiscal year. The causes of these traffic accidents are all too common: driving too fast for road conditions, driving under the influence of alcohol, fatigue, and simple carelessness. Many of these fatalities could have also been prevented if the vehicle occupants had been wearing their seat belts.

Suicidal behavior is a long process during which people try various methods to reduce their emotional pain. There is no typical suicide victim; it happens to young and old, men and women, officer and enlisted. While many people at some time in their lives think about committing suicide, most prefer to live. They eventually come to realize that their "crisis" is temporary and death is permanent. However, some individuals in the midst of a crisis perceive their troubles are inescapable, that all hope is lost, and that there is no way out of their situation. It is important for leaders at every level to be alert and to make available the many programs, trained professionals, and facilities that are in place to assist those in need. Every member of the Total Army deserves the unimpeded opportunity to reach his or her full potential.

This issue is not about managing statistics—the issue is caring for our soldiers. It is unacceptable to lose a single soldier as a result of an action or circumstance that could have been prevented. The solution to these problems is leader business, officers and non-commissioned officers can—and must—make a difference.



SOLDIERS ARE OUR CREDENTIALS—TAKE CARE OF THEM!

Suicide Awareness in the Army

Tragically, suicides occur every day. People of all ranks, sexes, and races commit suicide. As in the poem below, Richard Cory had it all. He had wealth, looks, friends, and admiration of others, but despite it all, he committed suicide. Not everyone shows the common signs of suicide, but almost all suicide victims have experienced some kind of loss, separation, divorce, or financial problems. There is one primary factor that leads to suicide, and that is stress.

Stress comes from loneliness, a heavy workload, finances, relationship problems, and many different areas. In the military, stress can come from a change of mission, deployments, people rotating out of a unit, and working conditions.

Eventually stress builds up to a point where some people consider suicide, and that's where soldiers need to play a role. It is the responsibility of every soldier to look out for his fellow soldier.

If a soldier sees changes in his buddy, such as his buddy not caring anymore, regressing or risk-taking, he needs to take the time to ask his friend if everything is okay and if he'd like to talk. One of the biggest reasons people commit suicide is they think no one cares about them.

When a soldier does see a change in his friend, that soldier needs to find a way to let someone else know, whether it is telling a platoon sergeant, squad leader, first sergeant, or commander.

Commanders must take every case seriously. Commanders can't ignore any soldier. They need to refer soldiers to a professional without

wasting any time. Soldiers need to understand that they will not be punished if they are referred to mental health or if they decide to go on their own merit.

Soldiers contemplating suicide require immediate professional help at a time when they are least capable of seeking it. Although some potential suicide victims display warning signs, not all do. Therefore, leaders should be aware of life stresses that raise suicide risk as well as the

signs and symptoms of a person at risk (see Signs box). For example, feeling socially isolated or having a chronic or terminal illness can increase the risk of suicide.

Unit commanders need to be able to recognize when a person is at risk for suicide. A key to suicide prevention is positive leadership, careful listening, and

deep concern for soldiers who are at increased risk. Army chaplains can help in this area. They are trained in suicide prevention and are responsible for conducting suicide-prevention training in units and family-support groups. They can also provide information on suicide warning signs, appropriate coping mechanisms, and intervention resources. Above all, they can get at-risk soldiers the help they need. And by helping soldiers deal with problems in their lives more effectively, the Army hopes to improve readiness and quality of life and protect its most important resource—YOU!

We must protect our soldiers and their family members. Leaders must instill an attitude of taking care of each other throughout the force. ♦

—Adapted from Fort Carson Mountaineer

*And he was rich—yes, richer than a king—
And admirably schooled in every grace,
In fine, we thought he was everything
To make us wish we were in his place.
So on we worked, and waited for the light,
and went without the meat, and cursed the bread;
And Richard Cory, one calm summer night,
Went home and put a bullet through his head.*

—Edwin Arlington Robinson

Are you feeling stressed?

Signs of stress in yourself:

- | | | | |
|--------------|-----------------|----------------------------|---------------|
| • Aggression | • Fatigue | • Hot and cold spells | • Moodiness |
| • Anxiety | • Forgetfulness | • Inability to concentrate | • Nausea |
| • Apathy | • "Freezing" | • Pounding heart | • Nervousness |
| • Depression | • Frustration | • Irritability | • Nightmares |
| • Diarrhea | • Guilt | • Loneliness | • Numbness |
| • Dry mouth | • Headaches | • Low self-esteem | |

Signs of stress in others:

- | | | |
|----------------------|-----------------------------------|-------------------|
| • Alcohol/drug abuse | • Inadequate eating/drinking | • Risk-taking |
| • Denial | • Negativism | • Smoking |
| • Emotional outburst | • One-track thinking | • Speech disorder |
| • Excitability | • Regression to immature behavior | • Trembling |
| • Impulsive behavior | • Restlessness | |

Signs of stress in the unit:

- | | | |
|---------------------|----------------------------|-------------------|
| • AWOL or sick call | • Bickering | • Dissatisfaction |
| • Lack of cohesion | • Ignoring orders | • Insubordination |
| • Low productivity | • Sensitivity to criticism | |

Suicide risk factors:

- | | |
|---|----------------------------------|
| • Previous self-destructive acts | • Misuse of alcohol and/or drugs |
| • Family history of suicide | • Family history of alcoholism |
| • Loss of a friend or someone close through suicide | |

Suicide warning signs:

- | | | |
|---------------------|-------------|---------------|
| • Irritability | • Anxiety | • Depression |
| • Unkept appearance | • Isolation | • Impulsivity |
| • Alcohol misuse | | |

Suicide demographics:

- | | |
|---------------------------------|--------------------------|
| • Marital/relationship problems | • Alcohol abuse/misuse |
| • Miscellaneous | • Involuntary separation |
| -decline in work performance | |
| -financial problems | |
| -social withdrawal | |

Myths about suicide:

- Only crazy people commit suicide
- People who talk about suicide won't commit suicide
- Asking someone about suicide will give them the idea
- Suicide is an inherited trait

The nose knows not

There's an invisible gas that kills hundreds of people each year and makes thousands of others ill. In FY 98 alone, it has killed two soldiers. This killer can strike anyone, but the most vulnerable victims are children, the elderly, and people with health conditions, especially those with heart and lung problems. This killer can't be seen, it can't be heard, it can't be tasted, and it can't be smelled.

What is it?

Carbon monoxide—a colorless, odorless, and tasteless deadly gas. Often abbreviated CO, carbon monoxide is a poisonous gas that is produced by the incomplete burning of fuels and materials. Carbon monoxide quickly bonds with hemoglobin in the blood and displaces the oxygen that organs need to function. Breathing small amounts of carbon monoxide may present symptoms that mimic other medical conditions such as the flu or common cold. Symptoms at first include a tightness across the forehead, followed by headache, dizziness, pounding heartbeat, and nausea as the cells and brain suffer from lack of oxygen. Other symptoms include tightness across the chest, inattention, fatigue, lack of coordination, weakness, and confusion. However, prolonged exposure could lead to fainting, unconsciousness, and death.

Where does carbon monoxide come from?

It is important to understand what causes carbon monoxide and how to avoid it, because it can kill before its victims know it's there.

Many CO poisonings are caused by equipment failures resulting from improper installation, poor maintenance, defects, damaged parts, or inadequate ventilation. Carbon monoxide can also be emitted by combustion sources such as household appliances, unvented

kerosene and gasoline space heaters, furnaces, wood stoves, gas stoves, fireplaces, water heaters, charcoal grills, and tobacco smoke.

Commonly, one of the greatest dangers of breathing carbon monoxide gas is from a vehicle running with a faulty muffler or leaky

Safety Tip

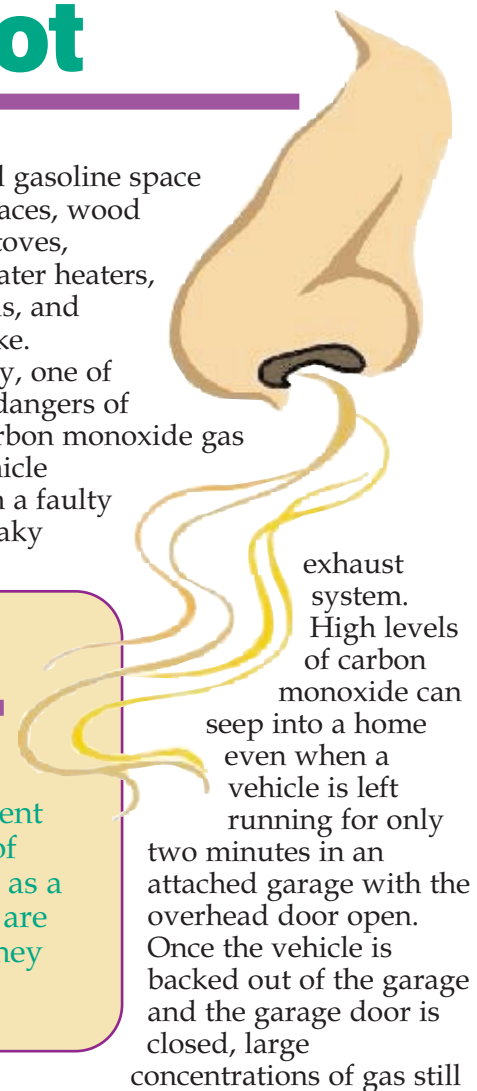
An important reminder is carbon-monoxide detectors should not be used as a replacement for proper use and maintenance of fuel-burning appliances, but only as a back-up. Likewise, CO detectors are an addition to smoke detectors; they don't replace them. ♦

remain trapped in the garage and can rise to lethal levels.

Recently, carbon monoxide poisoning took the life of a soldier. After returning from a field training exercise, the soldier was given a pass and a safety briefing before leaving the company area. Unfortunately, he didn't listen and started drinking excessive amounts of alcohol before his trip out of town. The soldier stopped along side the road for a nap, and failed to turn off the engine and open the windows. The cigarette he was smoking dropped onto the floorboard and started a fire that spread to the gas tank. The soldier never woke up.

How do you know if you're suffering from carbon-monoxide poisoning?

The best way to know is to have a carbon-monoxide detector installed in the home. Carbon monoxide is virtually impossible to detect without monitoring equipment. The CO detector is designed to sound an alarm before dangerous levels of carbon monoxide



accumulate in the home.

If the presence of carbon monoxide is suspected, immediately evacuate the area and get fresh air. It is important to call the gas company, oil company, or fire department from a neighbor's house. Most importantly, seek medical attention at once if flu-like symptoms appear.

Where should I install a carbon monoxide alarm?

Install the carbon monoxide alarm in the hallway near the sleeping area so it will awaken the family if the alarm goes off while asleep. Additional alarms on each level of the home provide extra protection.

Install CO alarms at least 15 feet from any combustion appliance, such as a gas or oil furnace, oven, water heater, etc.

What can be done to prevent CO poisoning?

- Ensure that appliances are properly adjusted and working to manufacturers' instructions and local building codes.
- Obtain annual inspections for heating system, chimneys, and flues and have them cleaned by a qualified technician.
- Open flues when fireplaces are in use.
- Use proper fuel in kerosene space heaters.
- Do not use unvented gas or kerosene space heaters in enclosed spaces.
- Do not use ovens and gas ranges to heat the home.
- Make sure stoves and heaters are vented to the outside and that exhaust systems do not leak.
- Make sure the furnace has adequate intake of outside air.
- Do not burn charcoal inside a home, cabin, recreational vehicle, or camper.
- Make certain all vehicles are tuned-up and running clean.
- Check and repair exhaust system leaks.
- Never leave a car or lawn mower engine running in a shed or garage, or in any enclosed space. ♦

Be safe. Your nose doesn't always know, especially with CO.

"Flu or Flue?"

Flu-like symptoms may not be the flu at all, but indicate that there is a carbon monoxide (CO) problem in the home.

Common Symptoms of Carbon Monoxide Poisoning



- Headaches
- Fatigue
- Disorientation
- Nausea
- Dizziness

Common Sources of Carbon Monoxide

- Blocked Chimney
- Cracks in Flue
- Malfunction of Fuel-Burning Appliance
- Car Running in Garage



Stay dry—stay alive!

The end of winter and the approach of spring is almost upon us. Let's remember all the hazards of soldiering during this time of season: rain, wind, fog, freezing precipitation, and chilling cold temperatures. Yes, there are still extremely low temperatures this time of year; therefore, cold injuries such as hypothermia can and do happen. Even at moderate temperatures, soldiers who are exposed for long periods of time without adequate protection can experience hypothermia injuries and even death.

We can't stop the calendar, but we can control risks and minimize accidents and injuries. Soldiers should be trained to watch for hypothermia. If someone gets a cold injury once, they're far more susceptible the next time for reoccurrence. Prevention is every soldier's responsibility. And commanders are responsible for their soldiers. Successful prevention of hypothermia requires prior planning.

What kind of planning? Apply the following plan of action during a cold emergency:

■ **Stay dry.** This is very important! Wet clothing causes the body to lose heat 5 times faster than dry clothing. Cotton denim is about the worst fabric you can wear in wet weather; it readily absorbs water and wicks it upwards.

■ **Wear layers.** Avoid tight clothing. Loose-fitting clothing in layers produces the best insulation.

■ **Avoid overheating.** If you start to perspire, remove a layer of clothing and any wet clothing

items (water removes heat up to 32 times faster than air).

■ **Protect your feet.** Wear all-leather boots instead of jungle boots. Wear wool or a polyester blend of sock to keep feet warmer and draw away more moisture than cotton socks. For those with notoriously sweaty feet, be sure to change your socks throughout the day as needed.

■ **Keep extremities covered.** This includes ears, nose, hands, feet and especially the head and neck. The brain demands heat, and it must maintain blood flow to keep functioning. Sheltering the head and neck and wearing wind- and rain-proof clothing protect and reduce body heat loss.

■ **Drink water.** Last, but certainly not least, it is important not to dehydrate.

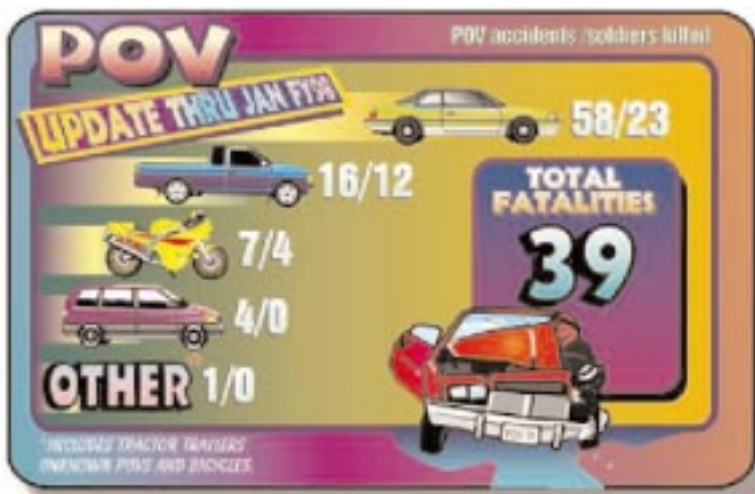
Hypothermia symptoms:

- Uncontrollable chills and shivering
- Poor circulation—numb with goose bumps
- Muscular coordination impaired
- Sluggish thinking and speaking
- Irrational behavior
- Unconsciousness, irregular heartbeat, and death

✚ **First aid.** Strip off wet clothing and wrap victim in blankets or a sleeping bag. Get victim to a heated location and medical treatment as soon as possible. ♦

POC: MAJ Robert Wallace, USASC Industrial Hygienist, DSN 558-1122 (334-255-1122)

Safety Tip: Prevention of hypothermia is simple. Treatment is not. Hypothermia can kill!



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